

Treatment Plan — IDAPA Service Plan Guide

IDAPA 16.07.20

380. INDIVIDUALIZED SERVICE PLAN

01. Individualized Service Plan. All clients receiving services must have an individualized service plan. The development of a service plan must be a collaborative process involving the client and other support and service systems.

WITS: Treatment Plan Profile; Treatment Team list

05. Contents of the Service Plan

- a. The services deemed clinically necessary to facilitate the client's alcohol and substance use disorders recovery;

WITS: Treatment Plan Overview—Clinician Comments/Recommendations.

- b. Referrals for needed services not provided by the program including referrals for recovery support services that support treatment

WITS: Treatment Plan Overview—Clinician Comments/Recommendations.

- c. Goals to achieve a recovery-oriented lifestyle;

WITS: Treatment Plan Problem Record—Add Goals

- d. Objectives that relate to the goals, written in measurable terms, with targeted expected achievement dates;

WITS: Treatment Plan Problem Record—Add Objectives

Idaho WITS Training

User: Clark, Treana
Loc: SUD Provider Training Agency, Training Facility
Client: Client, Z | 20111670000264 | Case #: 1

Treatment Plan Profile for Client, Z

Status Date: Plan Number: 1
Created By: Clark, Treana
Created Date: Plan Name: Master Treatment Plan
Plan Period (Days): 90
Plan Status: Active - Not Signed Off
Last Updated Date: Plan Start Date: 10/1/2012
Plan End Date: 12/30/2012
Next Review Date: 12/30/2012
Client Participated in Tx Plan Development: Yes

Treatment Team

Team Member Name	Review Member	Role
Bartlett, Michael	Yes	Clinical Supervisor
Phillips, Ryan	Yes	Counselor
Buskey, Michelle	No	Case Manager
Client, Mama	No	Parent
Feelgood, Mr	No	Mental Health Professional
Watchme, Jay	No	Parole/Probation Officer

Idaho WITS Training

User: Clark, Treana
Loc: SUD Provider Training Agency, Training Facility
Client: Client, H | 11010160000084 | Case #: 1

Treatment Plan for Client, H

Overview

Assessments Reviewed: GAIN-4, SASSI, LSI

Presenting Problem (in Client's Own Words):
I need help

Strengths/Resources/Abilities/Interests/Barriers to Success:
I have good family support
Needs childcare--no approved provider in the area

Transfer/Discharge Criteria
Criteria to be met for discharge includes successful completion of treatment plan

Client Comments Regarding Treatment Goals
I hope I can do this. I need to

Clinician Comments/Recommendations
Recommended level of care is ASAM III. The services deemed clinically necessary to facilitate recovery:
1. Group Counseling
2. Individual Counseling
3. Education
4. Case Management
5. Medical Evaluation--Refer to TRHC
6. A/D Testing--Refer to Global Drug Testing
7. Housing--Refer to Safe and Sober Housing

Treatment should be coordinated with legal system involvement, mental health provider and client's family.

- e. Service frequency;

WITS: Planned Services List

- f. Criteria to be met for discharge from treatment; and

WITS: Treatment Plan Overview—Transfer/Discharge Criteria

- g. A plan for services to be provided after discharge

WITS: Treatment Plan Overview—Clinician Comments/Recommendations

- h. A plan for including the family or other social supports

WITS: Treatment Plan Overview—Clinician Comments/Recommendations.

- i. Service plan goals and objectives reflect the service needs identified on the assessment

WITS: Treatment Plan Overview—Clinician Comments/Recommendations. Reference needs identified in the assessment.

Goal Profile for Client, H

Problem: 1
 Problem Category: DIMENSION 5 - Relapse, continued Use or continued problem potential
 Problem Description: Client was recently arrested for possession but continues to use.
 Strengths/Resources: Other: See Comments
 Description: "I know I need to do this"

Goal
 Goal Status:
 Description:
 Projected Achievement Date: Actual Achievement Date: Deferred Date:

Objectives for Client, H

Problem: 1
 Date Assessed: 9/7/2012
 Problem Category: DIMENSION 5 - Relapse, continued Use or continued problem potential
 Strengths/Limits: Other: See Comments
 Description: "I know I need to do this"
 Problem Description: A harmful pattern of substance use with increased tolerance and symptoms of withdrawal.
 Goal: Other: See Comments
 Client specific information

Objective 1
 Create Date: 9/7/2012
 Objective:
 Description:
 Objective Status: In Progress
 Expected Achieve Date: Revision Date:

Treatment Plan for Client, H

Planned Services

Program Name:
 Service:
 # of Sessions:
 Frequency:
 Staff:
 Service Location:

Associated Objectives

Obj #	Objective Type

Planned Services List

Program	Service	Sessions	Frequency	Staff	Actions
Adult Intensive Outpatient	Intensive OP (Group)	3	Weekly		Review Delete
Adult Intensive Outpatient	Intensive OP (Individual)	1	Weekly		Review Delete

Callout Boxes:

- Goal Profile:** Select Goals that the client must complete on the **Goal Profile** screen
- Objectives:** Select **Objectives** related to the goals on the **Objectives** screen. Enter **Expected Achieve Date**
- Planned Services:** Document service frequency on the **Planned Services** screen.